

(06-19-91) PN 167

INSTRUCTIONS FOR PREPARATION

Form FmHA 1951-55 "COLLECTION LOG"

(District Office)

PART A: Non-AMAS transmittals, AMAS Miscellaneous Collections, guaranteed loan receipts and check (RA) cancellations. Process these items **FIRST** so the deposit can be made each day.

AFTER ALL "PART A" ITEMS HAVE BEEN ENTERED, DRAW A LINE TO CREATE "PART B."

PART B: AMAS On-Line Regular Payments. Enter first all payments paid by check, cash, etc., so the daily concentration banking deposit can be made.

District Offices may prepare separate forms for Part A and Part B if it is more convenient.

1. **DATE OF DEPOSIT (CALL DATE):** Enter the date the funds are deposited in Concentration Banking (CBS) (National Data Corporation call date) OR date the Field Office Remittance Reconciliation Report is mailed to the Wholesale Lockbox (WLB) bank.

2. **DEPOSIT LOCATION:** Enter the State Code and District Office Code.

3. & 4. **CASH COLLECTIONS:** Enter the total of Cash, Check or Money Orders collected for each day. (Collections totaling under \$1000.00 may be held for up to three days before the deposit is made. Collections of \$1000 or more must be deposited on the date received, and collections of any amount received on Fridays (or the last work day of the week for the office) must be deposited on that day. Enter the Date and Amount Collected for each day.

5. **AMOUNT DEPOSITED:** Enter the total of all cash, checks and money orders deposited in the local financial institution on the date of deposit if the district office is on CBS, or the total amount of funds transmitted to the WLB. Check the appropriate box to indicate if the payments were deposited in CBS or forwarded to the Wholesale Lockbox.

6. **TRANSIT NUMBER:** *Optional.* If desired for tracking purposes, enter the transit number of the check (the numerator of the fraction shown on the collection item).

7. **COLLECTIONS:** Enter the actual amount of the cash, checks, or money order received.

8. **LINE ITEM:** Assign a separate line item number to each payment to be processed. Part A and Part B will each have a separate numbering sequence starting with "1".

9. **NAME OF BORROWER:** Enter the borrower name recognized by the accounting system. (This is not key punched. It is for reference, only.)

10. **CASE NUMBER:** Enter the nine digit Borrower Number as recognized by the accounting system.

11. **PROJECT NUMBER:** Enter a three digit Project Number for each MFH payment.

12. **FUND CODE/LOAN NUMBER:** For MFH loans enter a loan number **ONLY** for Extra, Refund, VAP and Cost Item Final payments. For other program payments, enter the Fund Code and Loan Number associated with the payment application.

13. **PAYMENT:** Enter the total amount of cash, check and/or money order submitted for the payment. This column should only be completed for cash payments and zero dollar payments.

14. PAYMENT INSTRUMENT: Enter the appropriate code or codes if payments are received in more than one form:

- A - Cash
- B - Money Order
- C - Check
- D - DP Coupon
- E - EDPS
- F - Form FmHA 451-2
- G - Form FmHA 1944-9

15. PAYMENT TYPE CODE: Enter the type of payment, i.e.

- R - Regular
- G - Extra
- U - Refund (Return of loan funds)
- V - Voluntary Additional Principal
- L - Cost Item Final Payment

Miscellaneous Collection codes are shown on the FMIs for Forms FmHA 451-2 and 1944-9

16. FULLY PAID CODE: When this is a final payment enter:

- R - Refinance
- S - Sale of Property
- I - Income
- O - Other

17. TOTAL RA UNITS: Enter the total number of RA units that were used for the reporting month.

18. TOTAL RA AMOUNT: Enter the total amount of RA due the borrower for the reporting month.

19. RA CHECK REQUEST: Enter the amount of RA Check the District Director has authorized to be released:

Monthly payment borrowers who are delinquent - The amount released must be based on a servicing plan.

Annual payment borrowers netting RA monthly - Enter the amount of RA reported LESS the amount of RA to be retained for the monthly portion of the annual payment.

If the project payment status is *delinquent* the check will be delivered to the District Office address. If the project payment status is *current or ahead of schedule* the check will be mailed to the Project Servicing Address.

20. RA AGREEMENT NUMBER: Enter the correct RA Agreement Number from which the RA is to be disbursed or netted. Use the RA Agreement Number(s) the AMAS system recognizes. (Access the M1BI screen for assistance.) If there is more than one RA Agreement for this project, enter each RA Agreement Number on a separate line.

21. NBR UNITS: Enter the number of units associated with each RA Agreement Number. Do not enter less than 1 or a number greater than the units the M1BI screen shows for each individual agreement.

22. RA AMOUNT PER AGREEMENT: Enter the amount of RA to be deducted from the RA Agreement shown on this line. To prorate the RA over several agreements use the following formula:

$$\frac{\text{TOTAL RA AMOUNT}}{\text{TOTAL RA UNITS}} = \text{SINGLE RA UNIT VALUE}$$

$$\text{RA UNIT VALUE} \times \text{NBR UNITS (in agreement)} = \text{PER AGREEMENT}$$

RA should be liquidated against the oldest agreement first. However, for projects with multiple agreements the District Office may do planned liquidation against all available agreements to facilitate renewal of all units at one time in one agreement.

23. **OVERAGE/SURCHARGE AMOUNT:** Enter the overage the borrower must pay based on tenants in residence the first day of the reporting month. (Example: July payments are based on tenants in residence on June 1, which is the reporting month.)

24. **OVERAGE/SURCHARGE TYPE:**

- 1 — Direct Surcharge (3% notes)
- 2 — All Section 8 Overage — Projects with Plan 7 or 8 Interest Credit
- 3 — Projects with Plan 2, 3, 4 or 5 Interest Credit
- 4 — Occupancy Surcharge (Must be separated on a separate line, above the regular payment for the project. Must be input on a separate M2A.)

25. **DATE OF CREDIT:** The date payment is received by FmHA (or its authorized collection agent when contracting collection services).

26. **CONTROL AMOUNT:** *Optional.* Enter the total of the Payment (Column 13), Total RA Amount (Column 18), and the Overage/Surcharge Amount (Column 23).

27. **TOTAL COLLECTIONS:** Enter the total of the deposit line items to be recorded on the Daily Activity Report.

28. **TOTAL AMAS ITEMS:** Enter the total line count from PART B. (This should equal the last line number in PART B.)

29. **TOTAL ITEMS PARTS A & B:** Enter the total number of items on the Collection Log which must be entered on the Daily Activity Report. (This equals the last line number in PART A *PLUS* the last line number in PART B.)

30. **REMARKS:** Enter any remarks regarding unusual circumstances related to processing payments for this Call Date.

31. **TOTAL AMAS PAYMENT AMOUNT:** This item only applies to transaction M2A "Project Payments". This is the total amount of cash, checks and money orders for AMAS items in PART B.

32. **TOTAL PAYMENTS PARTS A & B:** Enter the total of ALL checks or money orders transmitted for the Date of Deposit (Call Date), including AMAS and NON-AMAS collections. This should equal Item 5. "Amount Deposited".

33. **TOTAL RA AMOUNT:** This is the total amount of RA reported for AMAS items in PART B.

34. **TOTAL RA CHECK:** This is the total of all RA Check Requests in PART B.

35. **TOTAL OVERAGE:** This is the total of all Overage reported in PART B.

36. **TOTAL CONTROL AMOUNT:** *Optional.* Enter the total of all Control Amounts entered in PART B. The totals of Total AMAS Payment Amount (Column 31), Total RA Amount (Column 33), and Total Overage (Column 35) should equal Total Control Amount.

37. **CERTIFICATION:** The person preparing the Collection Log, processing the payments and processing the CBS or WLB must sign this certification certifying that the subsidies in PART B are supported by verified, current Tenant Certifications.

38. **VERIFIED BY:** A second person must review preparation of the cash collection and banking procedures to assure compliance with FmHA Instructions 1951-B and 1951-K. The verifying person must sign and date the form the date the review is made. This verification should be on the day of preparation or the first work day a second person is available in the District Office to perform the review.

39. **ENTERED BY:** Sign, date and enter the ID of the person entering PART B on-line in AMAS.

40. **DISTRICT DIRECTOR REVIEW:** If this Collection Log is part of the District Director's quarterly review, the District Director must sign and date the form as part of the review.

41. **CALL DATE:** Enter the call date for easy location of the form when filed in a 12" x 17" folder.